

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-4-04.

The IRO reviewed office visits on 4-24-03 through 7-22-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 5-13-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

**Codes 99214 and 99213 billed for dates of service 3-17-03 and 4-7-03 were denied as "T – treatment guidelines."**

The treatment guidelines were abolished by statute effective 01-01-02; therefore, this review will be per the 1996 MFG. Recommend reimbursement of \$71.00 + \$48.00 = \$119.00.

**Code J3490 billed for date of service 3-17-03 was denied as "N –not appropriately documented."**

Daily note does not indicate the type of unclassified drug in the injection. Therefore, no reimbursement recommended.

**The carrier paid for code 20550 billed for date of service 3-17-03 on 4-25-03 under check # 000190224.**

The MAR is \$40.00; therefore, no dispute exists.

**Code 99080-73 billed for dates of service 4-24-03 and 7-22-03 was denied as “V – unnecessary treatment.”**

The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommend reimbursement of \$15.00 x 2 = \$30.00.

**Code 99080-73 billed for date of service 5-7-03 was denied as “F– invalid modifier.”**

This is a valid modifier per Rule 129.5. Recommend reimbursement of \$15.00.

**ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is applicable to dates of service 3-17-03 through 7-22-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16<sup>th</sup> day of December 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division  
Enclosure: IRO Decision

April 28, 2004  
**Amended December 1, 2004**

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:  
TWCC #:  
MDR Tracking #: M5-04-1987-01  
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ initially suffered injuries to her bilateral wrists while at work on \_\_\_. The patient had surgery to both wrists, one in 2000 and the other in 2001. In March of 2002, the patient complained of right thumb pain and was diagnosed with De Quervain's disease and lateral epicondylitis. The patient was found to be at MMI on 07/05/02 with a 6% whole person impairment. Records are a little unclear as to whether this was first alleged as a new injury or a re-aggravation of her previous injury. This dispute involves the medical necessity of office visits from 03/17/03 through 04/24/03, for the treatment of de Quervain's and elbow epicondylitis.

#### DISPUTED SERVICES

Under dispute is the medical necessity of office visits from 03/17/03 through 04/24/03.

#### DECISION

The reviewer disagrees with the prior adverse determination regarding all dates of service.

#### BASIS FOR THE DECISION

The reviewer has determined that dates of service 03/17/03 through 04/24/03 were medically necessary in this case. The patient was actively undergoing injections to her forearm and was sent back to her treating doctor for follow-up visits and physical therapy to the injured area. The treatments were not excessive and the patient was off work from 4/16/03 through 5/15/03.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham  
President/CEO  
CC: Ziroc Medical Director